

# **RECIPROCAL LICENSE APPLICATION**

## **INFORMATION FROM YOUR CURRENT STATE OF LICENSURE:**

APPLICANT TO COMPLETE:

Applicant's Complete Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Applicant's Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Check the Kansas licenses you are applying for: \_\_\_\_\_ Embalmer \_\_\_\_\_ Funeral Director

**THE REMAINDER OF THIS APPLICATION MUST BE COMPLETED BY THE STATE BOARD YOU ARE CURRENTLY LICENSE WITH. Please have the state board mail us this application directly. In order to save time, please call the state board to find out if they have a charge for completing this application. If so, be sure and send them a check for the appropriate amount. Please send an addressed stamped envelope and this application to your state board, so they can mail this application directly to us. It might also be helpful to make the state board aware of the Kansas filing deadline. This will hopefully save time. Remember to complete the top portion of this application before mailing.**

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**\*\*\*THIS SECTION IS TO BE COMPLETED BY THE STATE BOARD\*\*\***

Name of State Board: \_\_\_\_\_

Address of State Board: \_\_\_\_\_

Type of license(s) currently held by applicant: \_\_\_\_\_

The date of licensure was granted: \_\_\_\_\_

Expiration date of the license(s): \_\_\_\_\_

What types of state examinations were passed, dates of examinations and what grades were earned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(OVER)

Was a national examination required by your state: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the examination (such as SBE or NBE of the Conference of Funeral Service

Examining Board) and appropriate scores: \_\_\_\_\_  
(Type of Examination)

Scores: Science \_\_\_\_\_% Arts \_\_\_\_\_% Overall Average \_\_\_\_\_%

Others: \_\_\_\_\_

Has your state board ever taken any adverse action against this licensee (including, but not limited to,

suspension, revocation, public or private censor/reprimand)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach copies or attach appropriate information on your state board letterhead paper.

Signed: \_\_\_\_\_ (Print) \_\_\_\_\_  
(State Board Executive Director) (Name of the State Board Executive Director)

Secretary of the \_\_\_\_\_ State Board of \_\_\_\_\_  
(Name of State) (Name of state board, EXAMPLE: Embalming)

**STATE SEAL**

Today's Date: \_\_\_\_\_

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### **PLEASE MAIL DIRECTLY TO:**

Kansas State Board of Mortuary Arts  
700 SW Jackson, Suite 904  
Topeka, Kansas 66603-3733  
Phone: (785) 296-3980  
Fax: (785) 296-0891  
Email: [boma1@ksbma.state.ks.us](mailto:boma1@ksbma.state.ks.us)  
Web site: [www.Kansas.gov/ksbma/](http://www.Kansas.gov/ksbma/)

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